

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025841

Entity Name: WOMEN ABOARD, LLC

FILED
Mar 01, 2005
Secretary of State

Current Principal Place of Business:

816 EXECUTIVE DRIVE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

226 SHADY OAKS CIRCLE
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 16-1630296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUNRISE BUSINESS SERVICES, INC.
226 SHADY OAKS CIRCLE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KLAPUT, CORINNE M
Address: 811 S. 2ND STREET
City-St-Zip: SAINT CHARLES, IL 60174 US

Title: MGRM () Delete
Name: TANZER, BARBARA A
Address: 226 SHADY OAKS CIRCLE
City-St-Zip: LAKE MARY, FL 32746 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KLAPUT, CORINNE M
Address: 811 S. 2ND STREET
City-St-Zip: SAINT CHARLES, IL 60174 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: ATKINS, BARBARA J
Address: 2521 KILDARE DRIVE
City-St-Zip: CHULUOTA, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BARBARA A. TANZER

MGRM

03/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date